

**OAKWOOD SWIM & RACQUET CLUB**

P.O. Box 9303 - 5260 Perin Road, Mobile AL 36691  
666-4471 (club house) or 661-1922 (pool/fax)

**MEMBERSHIP APPLICATION**

*To Be Completed By Applicant:*

Name/(Parent/Guardian of Junior) \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ D.O.B. \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Others Living in the Household (if applicable)	Relationship	D.O.B.	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Type of Membership:       Family       Individual       Junior      \_\_\_\_\_  
Name of Junior

I prefer to pay Annually   
(Dues are owed by Jan. 31st each year)

I prefer the Monthly Bank Draft   
(Commitment for one calendar year automatically renews unless request for cancellation is received by January 31st)

Members of Oakwood Swim & Racquet Club known to the Applicant:

\_\_\_\_\_  
\_\_\_\_\_

Primary Reasons for Joining the Club are:      Tennis       Swim       Dive       Other

Tennis Ratings :      USTA: \_\_\_\_\_      BATA: \_\_\_\_\_  
\_\_\_\_\_

How did you learn about Oakwood?  
Member Driveby Advertisement       Tennis Pro Swim Coach Dive Coach Other

**Please mail Membership Application, Agreement Form, Draft Authorization Form (if applicable), and Payments to:**  
Oakwood Swim and Racquet Club  
ATTN: Membership Director  
PO Box 9303  
Mobile, AL 36691  
(Checks payable to OSRC)

<b>For Membership Director:</b>			
Date Application Received	_____	Bond Number Issued	_____ Date _____
Date Approved/Disapproved	_____	Sale of Bond Number	_____ Date _____
Notification of Status	_____	In the Name Of	_____
Check Received	_____		
Mailed Membership Package	_____	Processed By:	_____

***OAKWOOD SWIM & RACQUET CLUB***  
***Family Membership – Agreement Form***

The undersigned acknowledges that the Family Membership Bond of ownership is \$500.00 and the Initiation Fee/Transfer Fee is \$150.00, which is due upon acceptance of application. The 2011 Annual Dues of \$660.00 (prorated as necessary) may be paid at time of acceptance, or may be paid by a monthly bank draft of \$60.00 that remains in full effect for the calendar year and automatically renews unless proper notification has been made by the undersigned. The undersigned has been informed that the Family Membership Bond may be sold or transferred only when member is in good standing, and follows the guidelines set forth in the OSRC Handbook.

The undersigned further acknowledges that the Oakwood Family Membership includes my spouse and all dependents under the age of 21 that reside within my home. In addition, the undersigned hereby agrees to be responsible for the conduct of my family members and guests. All persons entering the facilities of Oakwood Swim and Racquet Club are subject to the terms and conditions of membership and rules of conduct and are subject to possible removal from the club for any violation thereof. Repeated violations of the terms and conditions of membership or the rules of conduct by myself, my family or my guest may result in the termination of the 2011 membership. The undersigned hereby agrees to waive, release and discharge forever OSRC, its successors and assigns from any and all claims, demands, rights and causes of action arising directly or indirectly from any and all known or unknown, foreseen or unforeseen, bodily or personal injury, damage to property and the consequences thereof from any and all activities of myself, my family or my guest(s) while on OSRC property which is herein used at my own risk.

I, \_\_\_\_\_ Date: \_\_\_\_\_  
agree to abide by the terms and conditions of this yearly contract agreement as stated above and would like to make application for the 2011 OSRC Family Membership.

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

**COMPANY NAME: OAKWOOD SWIM & RACQUET CLUB**

I (we) hereby authorize **Oakwood Swim & Racquet Club**, hereafter called **COMPANY**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our)

Select one:     Checking     Savings

**BANK NAME:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received WRITTEN NOTIFICATION from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**NAME(S):** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SINGED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS SHOULD PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGNIATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**PLEASE ATTACHED A VOIDED CHECK BELOW**